## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

103666.101

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE (			00	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			38		(Column 2)			RATE	   FEE	OR 1 I	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		-	SIC FEE	375.00	OB	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			38 minus 20=		* 18		<b>\</b>	<b>(\$ 9=</b>	112.00	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 = *			3	-	X42=	196.00		X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				-	140=	100	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				<u> </u>	OTAL	1/3.0	OR ØR	TOTAL	
CLAIMS AS AMENDED - PART II								O IAL	60001	ΦN	OTHER	THAN
(Column 1) (Column 2) (Column 3							S	MALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		2	×	(\$ 9=		OR	X\$18=	
	Independent				CLAIM	=	>	<b>(</b> 42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=	
							ADE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	,,,,,,	/II. I CC				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18≈	
	Independent	* NTATION OF MU	Minus	***	CLAINA	=	>	(42=		OR	X84=	
	TINOTTRESE		DETIFIE DEF	ENDENT	CLAIN		+	140=		OR	+280=	
								TOTAL			TOTAL	
		(Column 1)		(Colun	nn 2)	(Column 3)	AUL	IT. FEE			ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	(42=	1	OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280≈	
.* ! **	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	
***	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	s less tha	n 3. enter "3."		T. FEE	ropriate box	,	ADDIT. FEE <b>l</b> umn 1.	